RULES AND PROCEDURES WHEN COMPLETING THE NOMINATION FORM

You have been issued a nomination form

Kindly take note of the following:

• SECTION 1: NOMINATION FORM IS FOR MEMBER TRUSTEES NOMINATION
  The Principal Member’s information that you are nominating

• SECTION 2: OF THE NOMINATION FORM IS FOR THE NOMINATOR
  The Principal Member’s information that is nominating the member(s) in section 1

Before completing the form, please read the instructions below carefully. If the form is incomplete or the information provided is incorrect, such a nomination form will not be accepted.

SECTION 1: NOMINATION FORM FOR MEMBER TRUSTEES

• In this section you are entitled to nominate between ONE (1) and SIX (6) other Transmed Medical Fund Principal Members.
• Please complete the name, surname, contact number and Transmed Membership Number of the persons you would like to nominate as candidates for election as Member Trustees.

SECTION 2: THE NOMINATOR

You are the nominator and must be a Principal Member of the Transmed Medical Fund. Please complete your name, surname, Transmed Membership Number, contact number and place your signature in the space provided in this section of the form.

Kindly return your completed nomination form to EISA immediately after completion and by no later than 17h00 on 30 April 2020, addressed to the Chief Electoral Officer using one of the following options:

  o Email: transmed@eisa.org.za
  o Fax: 0865 295 254
  o Post: PO Box 740, Auckland Park, 2006 (using the postage paid reply envelope included in this pack)
  o Hand Deliver: To the EISA office at 14 Park Road, Richmond, 2006 or deposit your nomination form into the nomination box situated at the offices of the Transmed Administrators – Momentum Health Solutions, 101 De Korte Street, Braamfontein.

EISA IS AN INDEPENDENT BODY WHICH HAS BEEN COMMISSIONED BY TRANSMED MEDICAL FUND TO ENSURE THAT THE ELECTION PROCESS IS FREE, FAIR AND WITHOUT PREJUDICE

Please direct all enquiries regarding the election process to the Chief Electoral Officer; Ms. Crystal Africa on the toll-free number 0800 114 373, during office hours 08h30 and 16h30 weekdays only.
SECTION 1: DETAILS OF THE NOMINEES

MEMBER TRUSTEE NOMINATION

(Please print the names of the candidates you would like to nominate as candidates for election as Member Trustees)

Remember, you may nominate between ONE (1) and SIX (6).

<table>
<thead>
<tr>
<th>FIRST NAMES</th>
<th>SURNAME</th>
<th>TRANSMED MEMBERSHIP NUMBER</th>
<th>CONTACT NUMBER</th>
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SECTION 2: DETAILS OF THE NOMINATOR

(Please print your details below)

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<th>Transmed Membership Number</th>
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<th>Contact Number</th>
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<th>Signature</th>
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